STANDARD CERTIFICATE OF DEATH  Registrotion District No. Primary Registrotion District No. State File Numbers   9    1. PLACE OF DEATH  n. COUNTY Jackson  b. CITY (if outside corporate limits, give TOWNSHIP only)   Inside Limits on the County of the Coun				THE DIV	ISION OF HEA	ALTH OF MISSOUI	RI	24	രാമ
Primary Registrotion District No.   Primary Registrotion District No.   Registror's No.   Registror'	FII	FN Alic o	H	<b>C.4</b> .	30J				
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits CITY (If outside, organization control of the control	<u> </u>	LD AUG Z	.007	istrict No	/_6Pri	mary Registration Di		Registr	319
b. CITY (If ourside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Blue Twp.  First HINTITUTION (Old Tabpage), sive location) Length of stay in 1b  - HOLL TABP (ISB Tabpage), sive location) Length of stay in 1b  - HOLL TABP (ISB Tabpage), sive location) Length of stay in 1b  - HOLL TABP (ISB Tabpage), sive location) Length of stay in 1b  - HOLL TABP (ISB Tabpage), sive location) Length of stay in 1b  - HOLL TABP (ISB Tabpage), sive location) Length of stay in 1b  - HOLL TABP (ISB Tabpage), sive location) Length of stay in 1b  - HOLL TABP (ISB Tabpage), sive location) Length of stay in 1b  - HOLL TABP (ISB Tabpage), sive location l							ENCE (Where deceased lived.	If Institution	n: Residence before
OR TOWN Blue Twp.  OR TOWN Blue Twp.  OR TOWN Independence  C. FULL NAME OF IN SOTT IN	٥	. COUNTY	Jackson		a. STATE Missouri b. COUNTY Jackson				
TOWN BILLE TWP.  - FULL NAME OF HINDT Inhappipal, give location) Langth of story in 1b and the property of the	Ъ,		corporate limits, give	TOWNSHIP only)	Inside Limits	11 -			Inside Limits
ADDRESS 1836 SO. Noland   VeeD Note			ie Twp.		Yes D No O		ndependence		Yes No
3. NAME OF OFCIARD JAMES O. KINAMAN O. KINAMAN O. BOY YEAR OF CONTROL JULY 26, 1927 OCCUPATION (OBJECT AND DEATH OF THE CONTROL OF THE CONTRO	c.				th of stay in 1b	d. STREET ADDRESS			´ }
SECRETARION OF THE COLOR OR RACE    Type or print)   S. SEX   S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BRITH   9. AGE (in year)   Month   Date   Dat	3. MA				I dd?e				
S. SEX   Male   C. COLOR OR RACE   Milite   Mi	DE	CEASED	•	_			10.000		
Male White WIDOWED DIVORCED MAT. 5, 1938 T9 Mar. Day Mar. 1940 William Day Mar. 1950 Mar. Day			6. COLOR OR RACE	7. MARRIED T NE	VER MAGRIFOXEN	8. DATE OF BIRTH	Q ACE (In secto	I IF UNDER 1	
100. USUAL COCCUPATION (Close kind of work done to the process of the political process of the p	M					Mar. 5,		Months I	Days Hours Min.
Total State	10a. L	JSUAL OCCUPATION	(Give kind of work done					12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S MAME  Oliver B. Kinnaman  15. WAS DECESSE EVER IN U. S. ARMED FORCES?  (Ver. Roy of whetherm)  If (Ver. Print was ordered for state of series)  Yes    Mana. 1953 To flux.	6	turing most of work Polisher	ing life, even if retired)	Indep.Pla	ting Co.	Drexal, M	issouri	1 vs#	A
15. WAS DECEASED EVER IN U. S. ARMED FORCES:   16. SOCIAL SECURITY NO.   17. INFORMANT									
15. WAS DECEASED EVER IN U. S. ARMED FORCES:   16. SOCIAL SECURITY NO.   17. INFORMANT	4	Oliver B.	Kinnaman			Mary Miller			
Secretary   Secr	15. W	AS DECEASED EVER	IN U. S. ARMED FORCES	57 16. SOCIA	L SECURITY NO.			reas	
S. CAUSE OF DEATH (Enter only det cause per fine for (a), (b) ymd (c).				1 1 0 0	40-7328	Oliver Ki	nnaman, Indeper	idence,	, Missouri
Stating the under last   DUE TO (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.   19. WAS AUTOPSY PERFORMED?   PERFORME.   PERFORMED?   PERFORMED?   PERFORMED?   PERFORMED?   PERF		Conditions, if	GRY. ) DUE TO (b)		J		-wrung		
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Entergalure of injury in Part I or Part II of item 18.)  20c. TIME OF Hour. Month, Day, Year 20c. PLACE of HJURYT. g., in or about home, p. m. 20c. PLACE of HJURYT. g., in or about home, and how here alive on him alive on him alive on him alive on him alive on home.  21. I attended the deceased from Death occurred at 12:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.  22a SIGNATURE (Degree or title) 3 22b. ADDRESS 22c. DATE SIGNED 22c. DATE SIGNED 3 24c. DATE SIGNED 3 25c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fourn. or county) 1 CState)  Burial July 29, 1957 Lees Summit Cemetery I Des Summit, Missouri  25. DATE RECO. BY LOCAL REG. 25c. APGISTRAR'S SIGNETURE  George C. Carson, Independence, Mo. 7 - 2 8 - 5 7	,	stating the ur	ider-		·		9:	298	
20c. TIME OF Hour, Month, Day, Year INJURY a. m. p. m. 2 6 7 20d. INJURY OCCURRED WHILE AT NOT W	CATIO	PART II, OTHER	SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL DISEA:	SE CONDITION GIVEN IN PART I(a)	42	PERFORMED?
20d. INJURY occurred at 12:55 P. mon the date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE (Degree or title)  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  23d. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  25. REGISTRAR'S SIGNATURE  26. REGISTRAR'S SIGNATURE  27d. ADDRESS  27d. LOCATION (City, town, or county)  27d. LOCATION (City, town, or county)  27d. FUNERAL DIRECTOR  ADDRESS  27d. FUNERAL DIRECTOR  ADDRESS  27d. FUNERAL DIRECTOR  ADDRESS  27d. DATE RECD. BY LOCAL REG.  27d. REGISTRAR'S SIGNATURE  27d. RECORD RECD. BY LOCAL REG.  27d. RECORD RECORD RECTOR RECD. BY LOCAL REG.  27d. RECORD REC	ERTIF								200
WHILE AT NOT WHILE WORK I AT WORK I	N N	NJURY a.m.							
21. I attended the deceased from the causes stated above; and to the best of my knowledge, from the causes stated.  22a) SIGNATURE  (Degree or title)  22b. ADDRESS  22c. DATE SIGNED  22d. LOCATION (City, town. or county)				E OF HUURY 1. g., i	n or about home,	20/. CITY, TOWN, O	R LOCATION 1	COUNTY	STATE
22a SIGNATURE  (Degree or title)  22b. ADDRESS  22c. DATE SIGNED  7 27 5  23c. ADDRESS  22c. DATE SIGNED  7 27 5  23c. DATE SIGNED  23c. DATE	<u>w</u>	ORK - AT	WORK 1	whe-	: bldg., elc.)		Jours	ion	r Mo
22a SIGNATURE  (Degree or title)  22b. ADDRESS  22c. DATE SIGNED  7 27 5  23c. ADDRESS  22c. DATE SIGNED  7 27 5  23c. DATE SIGNED  23c. DATE	21	I attended the	12:55	P			and last saw him all	ive on	
23a. AURIAL, CEPÍNION, PROVAL SPECIFI JULY 29,1957 Lees Summit Cemetery Lees Summit, Missouri  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG.  George C. Carson, Independence, Mo. 7 - 2 8 - 5 7			2		m on the date	<del>}</del>	to the best of my knowle	age, Irom	
REMOVAL (Specify) Burial  July 29,1957 Lees Summit Cemetery  July 29,1957 Lees Summit Cemetery  ADDRESS  25. DATE RECD. BY LOCAL REG.  George C. Carson, Independence, Mo.  7 - 2 8 - 5 7	$\mathcal{D}$	lugh	04/21	verse	vini	11/34	RealtoB	lels	7.275
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 25. ADDRESS 25. DATE RECD. BY LOCAL REG. 26. ADDRESS 26. ADDRESS 26. ADDRESS 27. ADDRESS 27. ADDRESS 27. ADDRESS 28.	R	EMOVAL (Specify)					,		
George C. Carson, Independence, Mo. 7-28-57	_	×	<u> </u>	<del></del>		<del></del>			out 1
(Licensed Embalmer's Statement on Reverse Side)	_			<del>-</del>		- 2 8 - 5	7 Jenes	rai	-6
			<del></del>	(Licensed Emb	Imer's Statem	ent on Reverse Si	de) /		00

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was e
by me, or by	, Student Embalmer No
working under my personal supervision	. 60

Student

Licensed Embalmer No

P. O. Address /// Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.